Los ~geles County Sheriff's Dep ment Officer Involved Shooting

							rage	_	
Report Date:		Bureau/Station/Facility:			-	Admin, Inves	12 🗆	Hit?	7
01/04/2	2016	Central Pa	trol Division/Co		ation	Pagitalii, (ilivoi		11111	V
		-9-	Incident Inform						
URN:	016-00162-28	73-055	Date:	01/04/2	2015	Time:	2	2100	
City or Station:	Compto	Station	Nature of Incident		ninal throa	ts suspect, w	ho fled o	n foot	and
S. Tarran		mpton Ca 90220	pointed a fire	arm at the	em. Deput	y Covarrubiasing him in the	s fired his	duty	arra
Location Type (check one or more): Backyard Beach Business Freeway Industrial Park Parking Lot Residence Rural School Street	Dark	et Lights (circle only one): of	Incident Type (che Accidental Acc	ay e h	ore):	Initiated by (effect Arrest Warrar Call Observation One Person U Other Search Warra Two Person U Prior Activity (effett Inmate Trans Other	init init Init Init		
Other: Total # of Shots Fired b		Shots Fired by Suspect	Warrant Servi	00		Routine Patro		ine Unit?	. [7]
1		0	Other:				_		E.
Employee # Employee #	Last Name Del Last Name	Castillo Fin	Employee With t Name Cesar t Name	M.I. M.I.	ShiftTime (che	W Day Peck only one) Shift1 M Day Ro	ype (check of gular Over ype (check of gular Over ype (check of gular Over	ertime ertime ertime only one):	Off Duty
			FInvent	Etwannan	EM P	# Day La	Britis 244	II GOLDO	On Daily
Last Name		N	on-Employee W	Time First	lame I			M.I.	
						lork Ph	Home	Ph.	
Street Address		City		Zip C	200 91	OIK PII	710		
Last Name				First i	lame			M.I.	
Street Address		City		Zip C	W.	fork Ph	Home	9h	
Last Name				First N	Name			M.I.	
Street Address	7 630	City	Superviso	Zip C	Y V	lark Ph	Home	Ph	- T
Employee# La	t Name Lope	First I		WT		during shooting	☐ Witne	ss to sh red in sh	-
Employee# Las	st Name Fish		Angel	M.I.	On Duty			ss to sh red in sh	
			Watch Serg	eant	T Copposit				
Employee #	Last Name	Lindsay			irst Name	John		M.	ı. L
		Lindoa	Watch Comm	ander					
Employee #	Last Name		Tuton Contin		irst Name			M.	l.
CITIPIO TO		Lucio				Marc			Α

#ba≥is	
SH#	2393052

				20 10 1					-	-
					Rollout Information					
Arrival	01/04/2016	S An	ival Time	2330	Date Submitted 01/0	4/2016	Date of Recommendation			
Employ	yee # Last N	ame				First Name			M.	i.
Employ	yee # Last N	ame		Watte		First Name	Dennis		M.	1. M
				vvaite	#IS	First Street			M.	
Employ	ree # Last N	ame		Adle	er	First Name	Kelly		NA.	L
	1			Shoot	ing / Force Inform	ation				
Meth	od					Туре	of Injury	Body	Part	Injured
(AUC) (BIF) (CCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCC	Arwen Baton:(Control) Baton:(Impact) Bodily Fluids Canine Carotid Restraint Choke Hold Control Holds:(Control Ti Control Holds:(Takedow Chemical Agents (Tear Explosives Firearm (Handgun) Firearm (Shotgun) Firearm (Other) Flashbang Flashlight Other Weapon: Edged	kedown) n) pray)	(OB) (OO) (PK) (PS) (PH) (PP) (PO) (RS) (CN) (RH) (HB) (TP) (SS) (SS) (SS) (SS) (TR)	Other Weapo Personal Wea Personal Wea Personal Wea Personal Wea Resistance Restraint Dev Restraint Dev Restraint Dev Restraint Dev Restraint Dev	n: Blunt Object n: Other spon: Feet/Leg: (Kick) spon: Feet/Leg: (Sweep) spon (Hand/Arm) spon (Push) spon (Other) ice (Capture Net) ice (Handcuffs) ice:Hobble (Legs Only) ice:Hobble (TARP) ice: REACT Belt	(AB) (BR) (BU) (CP) (CO) (DI) (DB) (FR) (GS) (HB) (LC) (ND) (PA) (PW) (SD) (ST)	Abrasion Bruise Burn Complaint of Pain Concussion Death Dislocation Dog Bite Fractures Gunshot Human Bite Lacerations Nerve Damage Paralysis Puncture Wound Soft Tissue Damage Sprain/Twists Unconscious	(AK) (AK) (BK) (FE) (BK) (BK) (BK) (FE) (BK) (BK) (BK) (BK) (BK) (BK) (BK) (BK	Ankle Arm Back Butto Chei Elbor Face Feet Fing Geni Groni Hend Head Hip Inter Leg Neck Shot	ocks at w o ors ors ortals of d
Bran (AK) (BN) (BR) (CH) (CO) (DA) (GL) (HA) (HI) (HK)	AK-47 Benefii Beretta Browning Charter Arms Colt Davis Industries Glock Harrington & Richardso Hi Standard H & K Ithica	(IV) (JE) (LU) (MA) (MO) (NC) (NA) (NO) (RA) (RM) (RG) (RI)	Iver Johnson Jennings Lordin Luger Marlin Mossberg NCI aka SKS North America Norinco Raven Remington RG RGI	1/	Rossi Smith & Wesson Sturm Ruger SIG Sauer Sterling Taurus Weatherby Winchester US Government Handmade (Inmate) Homemade (Non-Inmate) Other Brand	(10) 10 (12) 12 (20) 20 (21) .2 (22) .2	9 mm (24) .243 ct 0 mm (25) .25 cal 2 guage (30) .308 ct 0 guage (35) .357 ct	iber aliber aliber caliber iber	(41) (44) (45) (50) (SL)	.410 guage .44 caliber .45 caliber 50 mm. Stug Other calibe

FORCE APPLIED (one code per block)

Used By (E# or \$#)	Used Against (E# or S#)	Method (Code)	Brand (Code)	Caliber (Code)	Authorized Weapon? (Y/N)	Authorized Ammunition? (Y/N)	Type of Injury (Code)	Body Pari (Code)
S1	E1	FH	ZZ	9	N	N	NN	
E1	S1	FH	SW	9	Y	Y	GS	LE

Officer Involved Shooting Involved Employee Information

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	1	Involve	d Employee	Flori Massa	M1
Employee #	Last Name	Covarrubias		First Name Om	
Sex: M Race: H	Rank: DSG	Unit Assignme	ompton	Work Assignment (Unit #, Module 287	
ShiftTime (circle only one):		Off Duty Introducation/D	rug Usage?	Substance Used: N/	A
Hospital Admission?	Hospital Name:	Coroner Cas	9? 🗍	Coroner Case # N/A	Interviewed?
Hrs of sleep prior to shoo	ting: Duty Time (hrs):	Clothing (circle only one)		Other Factors:	
5		Plain Clothes no Vest		Deputy Covarrubias	
Age: Height:	511 Weight 200	Raid Jacket no Vest	Uniform w/ Vest		
Range Qualification Date		PPC Qualification Date		Laser Training Date:	
Certified with Weapor Used?	Patrol Certification?	Certification Unit:	Prior Shor	Shootings:	Directed Force:
Weapons Fired Smith	& Wesson Caliber 9m	m #Shots 1	Weapons Fired Brand:	Caliber	# Shots
Field Training Officer Em	p # seat Name		0 *0	First Name	M.I.
Field Training Officer Em	p #ast Name			First Name	M.I.
Employee #	Last Name			First Name	M.I.
Sex: Race:	Rank:	Unit Asalgnme	ent	Work Assignment (Unit #, Module	e, etc.):
ShiftTime (circle only one)			rug Usage?	Substance Used:	
Hospital Admission?	Hospital Name:	Coroner Cas	87	Coroner Case #	Interviewed?
Hrs of sleep prior to shoo	ting: Duty Time (hrs):	Clothing (circle only one		Other Fectors:	
Age: Height	: Weight:	Plain Clothes no Vest Plain Clothes w/ Vest Raid Jacket no Vest	Raid Jacket w/ Veel Uniform no Vest Uniform w/ Vest		
Range Qualification Date	i.	PPC Qualification Date	i	Laser Training Date:	
Certified with Weapon Used?	Patrol Certification?	Certification Unit:	Prior Sh	ootings? Number of Prior Shootings:	Directed Force:
Wespons Fired Brand:	Caliber	# Shots	Weapons Fired Brand:	Caliber	# Shots
Field Training Officer Em	p# Last Name			First Name	M.I.
Field Training Officer Em	p# Last Name			First Name	M,I.
Employee #	Last Name			First Name	M.I.
Sex: Race:	Rank:	Unit Assignm	ent:	Work Assignment (Unit #, Modul	e, etc.):
ShiftTime (circle only one	ShiftType (circle only one)			Substance Used:	
EM PM Day			Orug Usage?		
Hospital Admission?	Hospital Name:	Coroner Car	ie? 🗌	Coroner Case #	Interviewed?
Hrs of sleep prior to show	oting: Duty Time (hrs):	Clothing (circle only one Plain Clothes no Vest		Other Factors:	
Age: Height	: Weight:	Plain Clothes w/ Vest Raid Jacket no Vest	Uniform no Vest		
Range Qualification Date	9:	PPC Qualification Date		Laser Training Date:	-
Certified with Weapon Used?	Patrol Certification?	Certification Unit	Prior St	Number of Prior Shootings:	Directed Force:
Weapons Fired	Caliber	# Shots	Weapons Fired	Caliber	# Shota
Brand: Field Training Officer En	no# Last Name		Brand:	First Name	M.I.

Officer Involved Shooting Involved Employee Information

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Т				involved	Employee				
_	Employee #	Last Name	C	ovarrubias		First No	ame	Omar	M.I.
1	Sex: Race:	Rapic		Unit Assignmen	nt	Work Ass	signment (Unit #	Module, e	rtc.):
	ShiftTime (circle only one): EM	ShiftType (circle only one): Regular Overtime		Intoxication/Dr	ug Usage?	Substance	ce Used:		
H	Hospital Admission?	Hospital Name:	On deal	Coroner Case	? 🗀	Coroner	Case #		Interviewed
	Hrs of sleep prior to shooting	: Duty Time (hrs):	Clothing	(circle only one):		Other Fa	ctors:		
1	Age: Height:	Weight:		Clothes no Vest Clothes w/ Vest	Raid Jacket w/ Vest Uniform no Vest				
П			Raid .	Jacket no Vest	Uniform w/ Vest	Ь,	Laser Training C	late:	
L	Range Qualification Date:								In
	Certified with Weapon Used?	Patrol Certification?		ation Unit:	Prior Shoo	tings?	Number of Shootings:		Directed Force:
	Weapons Fired Brand:	Caliber	#8	hots	Weapons Fired Brand:		C	aliber	# Shota
Ī	Field Training Officer Emp#	Last Name		- a		First Na	me		M.I.
r	Field Training Officer Emp #	Last Name				First Na	me		M.I.
1	Employee #	Last Name		===		First No	вле		₩.I.
+	Sex: Race:	Rank:		Unit Assignmen	nt:	Work Ass	signment (Unit #	Module, e	etc.):
	ShiftTime (circle only one):	ShiftType (circle only one) Regular Overtime		Intoxication/Dr	ug Usage?	Substan	ce Usad;		
ľ	Hospital Admission?	Hospital Name:		Coroner Case	7 🗍	Coroner	Case #		Interviewed
ī	Hrs of sleep prior to shooting	g: Duty Time (hrs):		(circle only ene):		Other Fa	ectors:		
7	Age: Height:	Weight	Plain	Clothes no Vest Clothes w/ Vest Jacket no Vest	Raid Jecket w/ Vest Uniform no Vest Uniform w/ Vest				
h	Range Qualification Date:			alification Date:			Laser Training I	Date:	
	Certified with Weapon	Patrol Certification?	Certific	ation Unit:	Prior Sho	otings?	Number of Shootings	Prior	Directed Forca:
	Weapons Fired	Caliber	# 5	inots	Weapons Fired Brand:		C	aliber	# Shots
						db			
1	Brand: Field Training Officer Emp#	Last Name				First Na	me		M.J.
	Brand:					First Na			M.I.
	Brand: Field Training Officer Emp#						me		
	Brand: Field Training Officer Emp# Field Training Officer Emp#	Last Name		Unit Assignme	nt	First Na	me	, Module, e	M.I.
	Brand: Field Training Officer Emp# Field Training Officer Emp# Employee#	Last Name Last Name Rank: ShiftType (circle only one)		Interiorient		First Na First N	ame	, Module, e	M.I.
	Brand: Field Training Officer Emp # Field Training Officer Emp # Employee # Sex: Race: ShiftTime (circle only one). EM PM Day	Last Name Last Name Rank:		Intoxication/Dr	rug Usage?	First Na First N Work As	ame signment (Unit i	i, Module, e	M.I. M.I.
	Brand: Field Training Officer Emp # Field Training Officer Emp # Employee # Sex: Race: ShiftTime (circle only one). EM PM Day Hospital Admission?	Last Name Last Name Rank: ShiftType (circle only one) Regular Overtime Hospital Name:	Off Duty	Intoxication/Dr	rug Usage?	First Na First N Work As Substan	ame signment (Unit i	, Module, e	M.I.
	Brand: Field Training Officer Emp # Field Training Officer Emp # Employee # Sex: Race: ShiftTime (circle only one): EM PM Day Hospital Admission?	Last Name Last Name Rank: ShiftType (circle only one) Regular Overtime Hospital Name: g: Duty Time (hrs):	Clothing	Coroner Case (circle only one): Clothes no Vest	rug Usage?	First Na First N Work As Substan Coroner	ame signment (Unit i	, Module, e	M.I. M.I.
	Brand: Field Training Officer Emp # Field Training Officer Emp # Employee # Sex: Race: ShiftTime (circle only one): EM PM Day Hospital Admission? Hra of sleep prior to shooting	Last Name Last Name Rank: ShiftType (circle only one) Regular Overtime Hospital Name:	Clothing Plain Raid	Coroner Case (circle only one) Clothes no Vest Clothes w/ Vest Jacket no Vest	Raid Jacket w/ Vest	First Na First N Work As Substan Coroner	ame signment (Unit i		M.I. M.I.
	Brand: Field Training Officer Emp # Field Training Officer Emp # Employee # Sex: Race: ShiftTime (circle only one): EM PM Day Hospital Admission? Hre of sleep prior to shooting Age: Height: Range Qualification Date:	Last Name Last Name Rank: ShiftType (circle only one) Regular Overtime Hospital Name: g: Duty Time (hrs):	Clothing Plain Raid	Coroner Case (circle only one) Clothes no Vest	Raid Jacket w/ Vest	First Na First N Work As Substan Coroner	ame signment (Unit a sce Used: Case # actors:	Date:	M.I. M.I. stc.):
	Brand: Field Training Officer Emp # Field Training Officer Emp # Employee # Sex: Race: ShiftTime (circle only one): EM PM Day Hospital Admission? Hra of sleep prior to shooting Age: Height: Range Qualification Date: Certified with Weapon Used?	Last Name Last Name Rank: ShiftType (circle only one) Regular Overtime Hospital Name: Weight: Patrol Certification?	Clothing Plain Reid PPC Q	Introductation/Dr Coroner Case (circle only one): Clothes no Vest Jacket no Vest ualification Date:	Raid Jacket w/ Vest Uniform w/ Vest Prior Sho	First Na First N Work As Substan Coroner	ame signment (Unit i ce Used: Case # Laser Training Number of Shootings:	Date:	M.I. M.I. Interviewed
	Brand: Field Training Officer Emp # Field Training Officer Emp # Employee # Sex: Race: ShiftTime (circle only one): EM PM Day Hospital Admission? Hrs of sleep prior to shooting Age: Height: Range Qualification Date; Certified with Weapon	Last Name Rank: ShiftType (circle only one) Regular Overtime Hospital Name: Utype (hrs): Weight:	Clothing Plain Reid PPC Q	Introducation/Di Coroner Case (circle only one) (cothes no Vest Clothes w/ Vest Jacket no Vest ualification Date:	Raid Jacket w/ Vest	First Na First N Work As Substan Coroner	ame signment (Unit is see Used: Case # Laser Training Number of Shootings	Date:	M.I. M.I. stc.):

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	S	uspect Ir	nformation						
S 1 Last Name	Wright		First Name	Derrick	M.I. M				
AKA Last Name			First Name		M.J.				
Sex: M Race: Black	Street Address		City		State - Tip Code:				
Work Phone:	Home Phone:	Social Secu	rib #	Driver's Licens					
Age: 32 D.O.B. 09/13/1984	Height: 600 Weight: 210	FBI#		CII #					
Booking # 4542276	Primary Charge: Assault with A De	eadly Wea	pon Secondary Char Felon i	n Possesion of a Loa	ded Firearm				
Coroner Case?	Coroner Case #	1		Substance Used Mari	iuana				
Armed? ✓	Apprehended? ✓		Mental Illness?	Criminal History?					
Vehicle Make	Infiniti		Model: M37	Year: 26	011				
S Last Name			First Name		M.I.				
AKA Last Name			First Name		M.I.				
Sex: Race:	Street Address:		City		State & Zip Code:				
Work Phone:	Home Phone:	Social Secu	urity #:	Driver's License #:					
Age: D.O.B.	Height: Weight:	FBI#		CII#					
Booking #	Primary Charge:		Secondary Cha	rge					
Coroner Case?	Coroner Case #		Intoxication/Drug Usage?	Substance Used:					
Armed?	Apprehended?		Mental Illness?	Criminal History?					
Vehicle Make	,		Model:	Year.					
S Last Name	Last Name M.I.								
AKA Last Name			First Name		M.I.				
					,				
Sex: Race:	Street Address:		City	-	State & Zip Code:				
Sex: Race: Work Phone:	Street Address:	Social Secu		Driver's License #:					
		Social Secu		Driver's License #:					
Work Phone:	Home Phone:			CII#					
Work Phone: Age: D.O.B.	Home Phone: Height: Weight:		urity #:	CII#					
Work Phone: Age: D.O.B. Booking # Coroner Case? Armed?	Home Phone: Height Weight Primary Charge:		Secondary Cha Intoxication/Drug Usage? Mental Iliness?	CII # Substance Used: Criminal History?					
Work Phone: Age: D.O.B. Booking # Coroner Case?	Height: Weight: Primary Charge: Coroner Case #		Secondary Cha	CII #					
Work Phane; Age: D.O.B. Booking # Coroner Case? Armed? Vehicle Make	Height: Weight: Primary Charge: Coroner Case #		Secondary Cha Intoxication/Drug Usage? Mental Iliness?	CII # Substance Used: Criminal History?					
Work Phone; Age: D.O.B. Booking # Coroner Case? Armed?	Height: Weight: Primary Charge: Coroner Case #		Secondary Cha Intoxication/Drug Usage? Mental Iliness?	CII # Substance Used: Criminal History?	State & Zip Code:				
Work Phone: Age: D.O.B. Booking # Coroner Case? Armed? Vehicle Make	Height: Weight: Primary Charge: Coroner Case #		Secondary Cha Intoxication/Drug Usage? Mental litness? Model: First Name	CII # Substance Used: Criminal History?	State & Zip Code:				
Work Phone: Age: D.O.B. Booking # Coroner Case? Armed? Vehicle Make S Last Name AKA Last Name	Home Phone: Height: Weight Primary Charge: Coroner Case # Apprehended?		Secondary Cha Intoxication/Drug Usage? Mental Iliness? Model: First Name City	CII # Substance Used: Criminal History?	State & Zip Code: M.I. M.I.				
Work Phane; Age: D.O.B. Booking # Coroner Case? Armed? Vehicle Make S Last Name AKA Last Name Sex: Race:	Home Phone: Height: Weight: Primary Charge: Coroner Case # Apprehended?	FBI#	Secondary Cha Intoxication/Drug Usage? Mental Iliness? Model: First Name City	CII # Substance Used: Criminal History? Year:	State & Zip Code: M.I. M.I.				
Work Phone; Age: D.O.B. Booking # Coroner Case? Armed? Vehicle Make S Last Name AKA Last Name Sex: Race: Work Phone:	Home Phone: Height Weight Primary Charge: Coroner Case # Apprehended? Street Address: Home Phone:	FBI#	Secondary Cha Intoxication/Drug Usage? Mental Iliness? Model: First Name City	CII # rge: Substance Used: Criminal History? Year: Driver's License #: CII #	State & Zip Code: M.I. M.I.				
Work Phone: Age: D.O.B. Booking # Coroner Case? Armed? Vehicle Make S Last Name AKA Last Name Sex: Race: Work Phone: Age: D.O.B.	Home Phone: Height: Weight: Primary Charge: Coroner Case # Apprehended? Street Address: Home Phone: Height: Weight:	FBI#	Secondary Cha Intoxication/Drug Usage? Mental Iliness? Model: First Name First Name City unity #:	CII # rge: Substance Used: Criminal History? Year: Driver's License #: CII #	State & Zip Code: M.I. M.I.				
Work Phone; Age: D.O.B. Booking # Coroner Case? Armed? Vehicle Make S Last Name AKA Last Name Sex: Race: Work Phone: Age: D.O.B. Booking #	Home Phone: Height: Weight: Primary Charge: Coroner Case # Apprehended? Street Address: Home Phone: Height: Weight: Primary Charge:	FBI#	Secondary Cha Intoxication/Drug Usage? Mental Iliness? Model: First Name First Name City unity #:	CII # rge: Substance Used: Criminal History? Year: Driver's License #: CII #	State & Zip Code: M.I. M.I.				